LP Cate Form Approved. OMB No. 2050-0028. Expires 9-30-88.
GSA No. 0246-EPA-01 Please print or type with ELITE type (12 characters per inch) in the unshaded areas only Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act). United States Environmental Protection Agency Washington, DC 20460 **SEPA** Notification of Hazardous Waste Activity For Official Use Only Comments C **Date Received** Approved mo. day) Installation's EPA ID Number Name of Installation Street or P.O. Box **ZIP Code** State City or Town Location of Installation Street or Route Number **ZIP Code** State City or Town V. Installation Contact Phone Number (area code and number) Name and Title (last, first, and job title) V. Ownership B. Type of Ownership (enter code) A. Name of Installation's Legal Owner R VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.) **B. Used Oil Fuel Activities** A. Hazardous Waste Activity 6. Off-Specification Used Oil Fuel ☐ 1b. Less than 1,000 kg/mo. 1a. Generator (enter 'X' and mark appropriate boxes below) 2. Transporter a. Generator Marketing to Burner 3. Treater/Storer/Disposer 4. Underground Injection b. Other Marketer 5. Market or Burn Hazardous Waste Fuel (enter 'X' and mark appropriate boxes below) C. Burner ☐ 7. Specification Used Oil Fuel Marketer (or On site Burner)
Who First Claims the Oil Meets the Specification a. Generator Marketing to Burner b. Other Marketer C. Burner VII. Waste Fuel Burning: Type of Combustion Device (enter'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.) C. Industrial Furnace B. Industrial Boiler A. Utility Boiler VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es) ☐ E. Other (specify) D. Water C. Highway A. Air B. Rail IX. First or Subsequent Notification Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below. C. Installation's EPA ID Number ☐ B. Subsequent Notification (complete item C) A. First Notification

3.118-08

								- ID Fo			
	ternetesker		81.			C W	non parts	W TE TO			T/A C
Descriptio	n of Haz	ardous	West	s (conti	nued from	front)					
Hazardous W from nonspec	estes from	Nonape your ins	cific Sou stallation	rces. Ent	er the four-d Use addition	digit number al sheets if r	from 40 CFR	Part 261.3	1 for each lis	ted hazardo	ous waste
	7071	1775	2		3		4		5		6
DOC	/			-						· · · · · ·	
7		£ 466	8				10		Carlos Manage	A A.	12
	198			7.3		E					
Hazardous W	astes from	Specific	Source	s. Enter ti	ne four-digit	number from	40 CFR Par	t 261.32 fo	r sach listed	hazardous	waste from
specific sour	es your in	stallation		. Use addi		s if necessar		ALMOST WARRIED			
13		Con Sh	14	- 100	15		16		17		18
	17.0	. 30			. 11 (25)	10				0	
19		1270	20		21		22		23		24
	17			138					X.		\$ 91
26			26	7 F	27		28		29		30
8 - 12 - 14	0.00			Fi,246		1000		1		- A	12 X 21
Commercial	Chemical	Product	Hazardo	s Waste	. Enter the f	four-digit nur	nber from 40	CFR Part 2	61.33 for ea	ch chemica	substance
your installat	on nancie	I		T T		auditional s		1 1	25	T I	36
your installat	on nandle		32		33		34	1	35		36
your installat	on nandle		32		33	additional si	34			A	
your installat	on nancie:					additional si			35		36
your installat	on nandle		32		33	additional s	34				
your installat	on nancie:		32		33	additional s	34				
your installet			38		33		40		41		48
your installat		Enter Fotor	32 38 44	digit num	33 39 45	CFR Part 26	34 40 46	hazardous	41 47 waste from	hőspitals, v	42
your installat 31 37 43 Listed Infect		Enter Fotor	32 38 44	digit num	33 39 45	CFR Part 26	34 40 46	hazardous	41 47 waste from	hōspitals, v	48
your installat		Enter Fotor	38 38 44 the four-aboratoric	digit num	33 39 45 ber from 40 stallation ha	CFR Part 26	40 46 1.34 for each	hazardous	41 47 waste from sary.	hōspitals, v	42 48 eterinary hos-

EPA Form 8700-12 (Rev. 11-85) Reverse

BRANCH STATEMENT TO A STATEMENT OF THE S

89 AUG 24 PM I2: 05

LI NOW IN TARNEY WITH THE TENER THE TENER OF THE TENER OF

1	5	EPA	NOTIFICAT	TION OF H							TIONS: I				
ı	H	INSTALLA- TION'S EPA							i	nformatio	n on the	label is	incorrec	t, draw a	line
1		I.D. NO.	MYD057723	2019					i	n the app	and sup propriate s and corre	ection l	below. I	f the labe	el is
1	1.	STALLATION INSTALLA-	DEUTSCH R		ic .				b	elow blar abel, com	nk. If you plete all i	did not tems. "	receive Installati	a preprin	nted ns a
1	II.	TION MAILING ADDRESS	68 DALY R E MORTHPO		11731				t	reated, st	where had	or disp	osed of	, or a tra	ans-
90									t	o the IN	rincipal pl STRUCTI before	ONS FO	R FILI	NG NOT	IFI-
SATE	IIL	LOCATION OF INSTAL- LATION	65 DALY R		11731				i	nformatio	n request	ed here	in is rec	uired by	law
		N 900 W W W W W W W W W W W W W W W W W W							-	Recovery	Act).				1,23
ACH	FO	R OFFICIAL	USE ONLY		COL	MENTS									
ADETA	c						TH	100				T			
1	15		ON'S EPA I.D. NUI	MBER /	APPROVED	DATE R	ECEIVE	P		10 kg			55		
	F	MYDOS	772201	9 3 1 13 14 15	16	800	811	8							
-	1. 1	NAME OF INS	TALLATION			i pap									
	30											67	2 (1)	TO STATE OF	1 13
ı		INSTALLATIO	ON MAILING AI	STREET OR	P.O. BOX										
	3		80	19	104	9	8	009		30	196		029	9	
	C]		CIT	Y OR TOWN				ST.	ZIPC	ODE					
	4	THE RESERVE AND PERSONS ASSESSED.						10 41 42	47 -	51	LE		LL.		
1	III	LOCATION (OF INSTALLATI	ON ROU	TE NUMBER										
	5														
	15	16	СІТ	Y OR TOWN		10 200	La Solor	ST.	ZIP C					JEFED IN	中位
	6	16						40 41 42			45		PA		
1		THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER, THE PERSON NAMED IN COLUM	ION CONTACT	MARKET				10 41 42					N.	HEE	1
	2	LOCKY	ER JOH	ND TITLE (la	P F	NG	NEI	ERI	NG	5/	NE NO. (6	19	e & no.)	0	
-	15 V.	16 OWNERSHIP								15 46 -	48 49 -	51 5	2	55	
1	c			A. NAME	OF INSTAL	LATION'S	LEGAL	OWNER				2. 99	EVALS	THE REAL PROPERTY.	X
DETACH	8	DEVIS	CH KEL	AJUS	INC	no bro	lan ma	co VII an	10 to	util in	1 10 10	ii iba	55	bodes	
A D	(er	nter the approprie	OWNERSHIP ite letter into box)		OF HAZAF	THE RESERVE OF THE PERSON NAMED IN	VASTE .	ACTIVI		STATE OF THE PARTY	n the app	THE RESERVE		NAME OF TAXABLE PARTY.	
		F = FEDERAL M = NON-FEI		57	C. TREAT/S		SPOSE	NAME OF	58		OUND IN			THUTAN	912
	VI	I. MODE OF T	RANSPORTATION TO SERVICE SERVI	ON (transpor	rters only –	enter "?	X" in the	approp	riate bo	x(es))					
		A. AIR	B. RAIL	☐ C. HIG	HWAY	D. W.	ATER	65 E. C	OTHER	(specify):	EVERSE	R (08)	00-12 (0	Form 57	EPA
1	Mai	k "X" in the app	SUBSEQUENT No propriate box to ind	icate whether	this is your in	nstallation	's first no	tification	of hazar	dous was	te activity	or a sub	sequent	notificat	ion.
	If t	his is not your fir	est notification, ente	er your Installa	ation's EPA I.	D. Numbe	er in the s	pace prov	ided bel	ow.					
1		A. FIRST	NOTIFICATION	Пв.	SUBSEQUE	NT NOTIF	ICATIO	N (comple	ete item	c)	C. INST.	ALLAT	ION'S E	PA I.D. N	0.
-	IX		N OF HAZARDO		THE REAL PROPERTY.				DECINE)	HEREIKA.					Si Lado
	-		erse of this form and			rmation.			No.						

Please print or type with ELITE type (12 characte inch) in the unshaded areas only.

	I	ET	
1	ļ	ACI	
		H	
	ı		
	I		
	ı		
		A HOAT	

æ		1.0)	FO	RC	OFF	ICI	AL	US	EC	DNL	Y.		
s W	N	4	D	0	5	7	7	2	2	0	1	4	7/A	1
1	2	_					-			64		13	14	15

IX. DESCRIPTION OF HAZAR	COUS WASTES (CO	ntinued from front,			
A. HAZARDOUS WASTES FROM I waste from non-specific sources	NON—SPECIFIC SOUR your installation handle	CES. Enter the four- s. Use additional shee	digit number from 40 (ts if necessary.	OFR Part 261.31 fo	r each listed hazardous
I massi solo tanti protesta di	2	3	4	5	6
FOOI = 23	006 F	007	F008	F009	23 - 26
23 - 26 23	- 26 23	- 26	10	23 - 26	12
B. HAZARDOUS WASTES FROM S specific industrial sources your ins	SPECIFIC SOURCES. Established by the stability of the sta	enter the four—digit no additional sheets if nec	umber from 40 CFR Pacessary.	rt 261.32 for each	listed hazardous waste from
13	14	15	16	17	18
23 - 26 23	- 26 23	- 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
			TO A STREET	PART AND A STATE OF	15 15 25 25 25 25 25 25 25 25 25 25 25 25 25
23 - 26 23	- 26 23	- 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
	商商品	555	建設 表 12	55 F 2 54 111	MAX D MAX G
23 - 26 23	- 26 23	- 26	23 - 26	23 - 26	23 - 26
C. COMMERCIAL CHEMICAL PRO stance your installation handles w	DUCT HAZARDOUS V	NASTES. Enter the forms waste. Use addition	our—digit number from al sheets if necessary.	40 CFR Part 261.3	33 for each chemical sub-
31	32	33	34	35	36
23 - 26 23	- 26 23	- 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
			日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日		
23 - 26 23	- 26 23	- 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
			STATE OF BUILDING	19 (8) (8)	
23 - 26 23	- 26 23	- 26	23 - 26	23 - 26	23 - 26
D. LISTED INFECTIOUS WASTES. hospitals, medical and research lat					e from hospitals, veterinary
49	50	51	52	53	54
		22 13 33	H 53 H 10		
23 - 26 23	" 26 23	- 26	23 - 26	23 - 26	23 2 26
E. CHARACTERISTICS OF NON—I hazardous wastes your installation				ding to the characte	eristics of non-listed
1. IGNITABLE	[]2. COI	RROSIVE	3. REACTIVE		☐4. TOXIC (D000)
X. CERTIFICATION					
I certify under penalty of law attached documents, and that I believe that the submitted in mitting false information, inclu	based on my inquir	y of those individue ccurate, and comple	als immediately resp ete. I am aware that	onsible for obta	ining the information.
SIGNATURE	111	NAME & OFFICIAL	TITLE (type or print)	Mar VIII	DATE SIGNED
of Wormel	ly P.C.	L.A.DON AUTHOR	NELLY AGI	FNT	8/15/80
EPA Form 8700-12 (6-80) REVERS	SE 10 DEFFE	RSON AVE.	V - webbon 9	(The section is	at his constant hereo
OLUMBER DE MONTE DE LA COMP		, N.Y. 11780		0	2 HILL BO TOUR AND

HAZ ARDOUS WASTE ACTIVITY

or sight to person said on op so

	ease print or type in the unshaded areas only ill—in. areas are spaced for elite type, i.e., 12 characters/inch).									
SEPA	GENERAL INFORM Consolidated Permits Pi	IATION	1 2	30193D						
GENERAL LABEL ITEMS I. EPA I.D. NUMBER III. FACILITY NAME FACILITY MAILING ADDRESS PLEASE PLACE LABEL IN THIS SPACE PLEASE PLACE LABEL IN THIS SPACE FACILITY VI. LOCATION (Read the "General Instructions" before starting.) GENERAL INSTRUITS If a preprinted label has been the designated space. Fation carefully; if any of it through it and enter the cappropriate fill—in area below the preprinted data is absended to the prep										
II. POLLUTANT CHARACTERISTICS										
INSTRUCTIONS: Complete A through J to deter questions, you must submit this form and the supplif the supplemental form is attached. If you answe is excluded from permit requirements; see Section Complete Section Secti	plemental form listed in the	e parenthesis following the quest our need not submit any of these	e forms. You may answer "no	" if your activity						
SPECIFIC QUESTIONS	MARK 'X' YES NO ATTACHED	SPECIFIC Q		MARK 'X' YES NO FORM						
A. Is this facility a publicly owned treatment which results in a discharge to waters of the (FORM 2A)	works U.S.?	aquatic animal production discharge to waters of the	nimal feeding operation or facility which results in a U.S.? (FORM 2B)	19 (20) 21						
C. Is this a facility which currently results in disc to waters of the U.S. other than those descri A or B above? (FORM 2C)	bed in	D. Is this a proposed facility in A or B above) which waters of the U.S.? (FORM F. Do you or will you inject	will result in a discharge to (A 2D)	25 26 27						
E. Does or will this facility treat, store, or disp hazardous wastes? (FORM 3)	25 29 30	municipal effluent below	the lowermost stratum con- rter mile of the well bore,	31 32 33						
G. Do you or will you inject at this facility any pro- water or other fluids which are brought to the in connection with conventional oil or natural g duction, inject fluids used for enhanced recov- oil or natural gas, or inject fluids for storage of hydrocarbons? (FORM 4)	surface las pro- very of	process, solution mining tion of fossil fuel, or rece (FORM 4)	ning of sulfur by the Frasch of minerals, in situ combus- overy of geothermal energy?	37 34 39						
Is this facility a proposed stationary source we one of the 28 industrial categories listed in structions and which will potentially emit 10 per year of any air pollutant regulated unce Clean Air Act and may affect or be located attainment area? (FORM 5)	the in-	NOT one of the 28 indu instructions and which w	d stationary source which is strial categories listed in the ill potentially emit 250 tons ant regulated under the Clean r be located in an attainment	43 44 45						
1 SKIP DEUTSCH. RELAY	SINC	54 76 JULY	ab-una/	69						
IV. FACILITY CONTACT			PHONE (area code & no.)	- 4 - 4 - 5 - 6						
2 LOCKYER JOHN Y	ENGINEE	111111	499 60.0.0							
V. FACILITY MAILING ADDRESS A. STREET C	OR P.O. BOX									
36,5. DALY. ROAD.		C.STATE D. ZIP COD	DE							
4E. NORTHPORT		N.Y 1.1.7.3	51							
VI. FACILITY LOCATION			公益安全 医红色虫							
A. STREET, ROUTE NO. OR O	THER SPECIFIC IDENTIF									
SUFFOLK										
C. CITY OR TOWN	N T T T T T T T	D.STATE E. ZIP COL	DE F. COUNTY CODE (if known)							
6 E NORTH PORT. EPA Form 3510-1 (6-80)		40 41 42 47	52 - 54 CONT	INUE ON REVERS						

CONTINUED FROM THE FRONT	
VII. SIC CODES (4-digit, in order of priority) A. FIRST B. SECOND	. 0
7 3.6.79 (specify) Relays for Electronic Use 7 15 16 19	
C. THIRD D. FOURTH (specify) (specify) 7 (specify)	
VIII. OPERATOR INFORMATION	
8 DEUTSCH RELAYS TWC. 15 16 B. Is the name listed litem VIII-A also to owner? YES: NO.	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.) D. PHONE (area code & no.) F = FEDERAL S = STATE O = OTHER (specify) P = PRIVATE C A S = STATE P = PRIVATE O = OTHER (specify) S = STATE	
E. STREET OR P.O. BOX L. D. AL. Y. R. O. AD. F. CITY OR TOWN G. STATE H. ZIP CODE IX INDIAN LAND	
BE NORTHPORT. Solve the facility located on Indian lands?	THE PARTY.
A. NPDES (Discharges to Surface Water) D. PSD (Air Emissions from Proposed Sources) O. PSD (Air Emissions from Proposed Sources) O. PSD (Air Emissions from Proposed Sources)	
15 16 17 18 B. UIC (Underground Injection of Fluids) E. OTHER (specify) (specify)	
9 U 30 15 16 17 18 SPDES	
9 R ,	
15 16 17 18 - 30 15 16 17 18 - 30 XI. MAP	
Attach to this application a topographic map of the area extending to at least one mile beyond property bounderies. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.	
XII. NATURE OF BUSINESS (provide a brief description)	
Manufacture of relays used in the Electronics	
industry.	
F9iA	
5/11/2	
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.	
A. NAME & OFFICIAL TITLE (type or print) B. SIGNATURE C. DATE SIGNED	
Vice President puncockyte 1/19/80	
COMMENTS FOR OFFICIAL USE ONLY	
A Form 3510-1 (6-80) REVERSE	

W-ip creas are spaced for elite typ	e, i.e., 12 characters,	/inch).		Form Approved OMB No. 158-S80004						
ORM	U.t VI	RONMENTAL PROTE	IT APPLICATION	I. EPA I.D. NUMBER						
1 SEPA		Consolidated Permits P	rogram	FNYD05772201931						
RCRA	(This informati	on is required under Se	ction 3005 of RCRA.)	1 2 15 15						
FOR OFFICIAL USE ONLY APPLICATION DATE RECEIVED			COMMENTS							
APPROVED (yr., mo., & day)			DAY SEE BOYER OF	MANUFACTURE OF THE PARTY OF THE						
23 24 - 29										
II. FIRST OR REVISED APPL										
ace an "X" in the appropriate box in A or B below <i>(mark one box only)</i> to indicate whether this is the first application you are submitting for your facility or a vised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's PA I.D. Number in Item I above.										
A. FIRST APPLICATION (place) 1. EXISTING FACILITY (e an "X" below and See instructions for Complete item below	e date) facility.	2.NEW FACILITY (Complete item below.) FOR NEW FACILITIES,							
8 64 01 01 (use	REXISTING FACILITY RATION BEGAN Of the boxes to the left	DATE (yr., mo., & day) RUCTION COMMENCED	PROVIDE THE DATE (yr., mo., & day) OPERA- TION BEGAN OR IS EXPECTED TO BEGIN							
B. REVISED APPLICATION (and complete Item I ab	ove)	2. FACILITY HAS A RCRA PERMIT						
1. FACILITY HAS INTER		OVERVE OF		72						
III. PROCESSES – CODES AN		THE RESERVE AND ADDRESS OF THE PERSON NAMED IN								
A. PROCESS CODE — Enter the co- entering codes. If more lines are describe the process (including in	e needed, enter the co	ode(s) in the space prov	yided. If a process will be used	to be used at the facility. Ten lines are provided for distance that is not included in the list of codes below, then						
B. PROCESS DESIGN CAPACITY		tered in column A ente	r the capacity of the process.							
 AMOUNT — Enter the amou UNIT OF MEASURE — For measure used. Only the unit 	each amount entered			measure codes below that describes the unit of						
	PRO- APPROPE	RIATE UNITS OF		PRO- APPROPRIATE UNITS OF CESS MEASURE FOR PROCESS						
PROCESS		E FOR PROCESS IN CAPACITY	PROCESS	CESS MEASURE FOR PROCESS CODE DESIGN CAPACITY						
Storage:			Treatment:	TAL CALLONS DED DAY OR						
CONTAINER (barrel, drum, etc.) TANK WASTE PILE		OR LITERS OR LITERS RDS OR	TANK SURFACE IMPOUNDMENT	T01 GALLONS PER DAY OR LITERS PER DAY NT T02 GALLONS PER DAY OR						
SURFACE IMPOUNDMENT	CUBIC ME		INCINERATOR	LITERS PER DAY T03 TONS PER HOUR OR						
Disposal:				METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR						
INJECTION WELL LANDFILL	D80 ACRE-FEE	OR LITERS T (the volume that	OTHER (Use for physical,	chemical, TO4 GALLONS PER DAY OR						
	depth of on		thermal or biological treat processes not occurring in surface impoundments or	tanks, inciner-						
LAND APPLICATION OCEAN DISPOSAL SURFACE IMPOUNDMENT	D81 ACRES OF	PER DAY OR	ators. Describe the proces the space provided; Item	ses in III-C.)						
SORPACE IMPOORDMENT	UNITOF	OR LITERS	UNIT OF	UNIT OF						
UNIT OF MEASURE	MEASURE CODE	UNIT OF MEASUR	MEASURE CODE	UNIT OF MEASURE CODE						
GALLONS		LITERS PER DAY	v	ACRE-FEETA						
CUBIC YARDS	Y	METRIC TONS PER	HOURW	ACRESB						
GALLONS PER DAY	U	LITERS PER HOUR	Н							
other can hold 400 gallons. The fac	cility also has an inci	nerator that can burn u	p to 20 gallons per hour.	storage tanks, one tank can hold 200 gallons and the						
S DUP	T/A C	11111	111111							
B PROCESS	13 14 15 5 DESIGN CAPAC	HTY	BP	ROCESS DESIGN CAPACITY						
CESS	TELE PART A	2. UNIT OFFICIA	L A. PRO-	2. UNIT OFFICIAL						
US CODE	OUNT	OF MEA- USE	CODE (from list above)	1. AMOUNT USE SURE USE						
		code)		code)						
$X-1 \begin{array}{ c c c c c c c c c c c c c c c c c c c$	0	G 28 29 - 3	5 16 - 18 19	- 27 26 29 - 32						
X-2 T 0 3 2		E	6							
,										
D83 37,5	60000 2450000	G	7							
2 TO 1- 1500	2450000	u	8							
3 701 95	50	G	9							
4 16 - 18 19 -	dagle de		10							
	2	7 28 29 -	32 16 - 18 19	- 27 28 29 - 32						

Continued from the front. III. PROCESSES (conti				
	THE RESERVE TO SHARE	ATTO AND MARKS	ASSESSMENT PROPERTY.	
	NAL PROCESS CODES OF	FOR DESCRIBING OTH	HER PROCESSES (code "T04"). FOR EACH PE	ROCESS ENTERED HERE
FILLOW R. C.	rend to			
			TO A STATE OF THE PARTY OF THE	
the war and the				
				The state of the s
basis. For each characte	eristic or toxic contaminant	isted waste entered in co		
which possess that chara	acteristic or contaminant.		lumn A estimate the quantity of that waste tha nate the total annual quantity of all the non-list unit of measure code. Units of measure which m	ed waste(s) that will be handled
which possess that characters. C. UNIT OF MEASURE - codes are:	acteristic or contaminant.		nate the total annual quantity of all the non—list unit of measure code. Units of measure which m	ed waste(s) that will be handled ust be used and the appropriate
C. UNIT OF MEASURE - codes are: ENGLISH POUNDS.	Exteristic or contaminant. For each quantity entered UNIT OF MEASURE	code	unit of measure code. Units of measure which m METRIC UNIT OF MEASURE KILOGRAMS	ed waste(s) that will be handled ust be used and the appropriate CODE
C. UNIT OF MEASURE - codes are: ENGLISH POUNDS. TONS. If facility records use a	- For each quantity entered	CODEP Tor quantity, the units of r	nate the total annual quantity of all the non—list unit of measure code, Units of measure which m	ed waste(s) that will be handled ust be used and the appropriate CODEKM
C. UNIT OF MEASURE - codes are: ENGLISH POUNDS. TONS. If facility records use a	- For each quantity entered UNIT OF MEASURE ny other unit of measure f	CODEP Tor quantity, the units of r	nate the total annual quantity of all the non—list unit of measure code. Units of measure which m METRIC UNIT OF MEASURE KILOGRAMS	ed waste(s) that will be handled ust be used and the appropriate CODEKM
C. UNIT OF MEASURE - codes are: ENGLISH POUNDS. TONS. If facility records use a account the appropriate D. PROCESSES 1. PROCESS CODES: For listed hazardous to indicate how the For non-listed hazar contained in Item I that characteristic or	- For each quantity entered UNIT OF MEASURE ny other unit of measure for density or specific gravity of the waste will be stored, treated ardous wastes: For each chill to indicate all the proced toxic contaminant.	CODE CODE Tor quantity, the units of rof the waste. Zardous waste entered in , and/or disposed of at the aracteristic or toxic contesses that will be used to see	METRIC UNIT OF MEASURE KILOGRAMS	code waste/s/ that will be handled ust be used and the appropriate CODE
C. UNIT OF MEASURE - codes are: ENGLISH POUNDS. TONS. If facility records use a account the appropriate D. PROCESSES 1. PROCESS CODES: For listed hazardous to indicate how the For non-listed haza contained in Item I that characteristic on Note: Four spaces extreme right box of	The search quantity entered to the search quantity of the search qu	CODE	METRIC UNIT OF MEASURE KILOGRAMS. METRIC TONS. METRIC T	CODE
C. UNIT OF MEASURE - codes are: ENGLISH POUNDS. TONS. If facility records use a account the appropriate D. PROCESSES 1. PROCESS CODES: For listed hazardous to indicate how the For non-listed hazar contained in Item I that characteristic on Note: Four spaces extreme right box of	TION: If a code is not listed	CODE CODE T T Or quantity, the units of red the waste. Zardous waste entered in and/or disposed of at the earacteristic or toxic contasses that will be used to see that will be used to see that will be defor a process that will be defored for a process that will	METRIC UNIT OF MEASURE KILOGRAMS	CODE
Which possess that chara C. UNIT OF MEASURE - codes are: ENGLISH POUNDS. TONS. If facility records use a account the appropriate D. PROCESSES 1. PROCESS CODES: For listed hazardous to indicate how the For non—listed hazar contained in Item I that characteristic or Note: Four spaces extreme right box or 2. PROCESS DESCRIF NOTE: HAZARDOUS War more than one EPA Hazard 1. Select one of the Ef quantity of the wast	TION: If a code is not listed PTION: If a code is not listed ASTES DESCRIBED BY M Ous Waste Number and (describing all the proce and (describing all the pro	CODE	METRIC UNIT OF MEASURE KILOGRAMS	CODE
C. UNIT OF MEASURE - codes are: ENGLISH POUNDS. TONS. If facility records use a account the appropriate D. PROCESSES 1. PROCESS CODES: For listed hazardous to indicate how the For non-listed hazardous to indicate how the For non-listed hazardous extreme right box of the Formal Process of Total Process of	exteristic or contaminant. For each quantity entered to the contaminant of the contamina	CODE	METRIC UNIT OF MEASURE KILOGRAMS	CODE
C. UNIT OF MEASURE - codes are: ENGLISH POUNDS. TONS. If facility records use a account the appropriate D. PROCESSES 1. PROCESS CODES: For listed hazardous to indicate how the For non-listed hazar contained in Item I that characteristic on Note: Four spaces extreme right box of 2. PROCESS DESCRIF NOTE: HAZARDOUS WA more than one EPA Hazard 1. Select one of the Efquantity of the wast 2. In column A of the "included with abov 3. Repeat step 2 for eace EXAMPLE FOR COMPLE per year of chrome shaving are corrosive only and there	TING ITEM IV (shown in ings from leather tanning and re will be an estimated 200	CODE	METRIC UNIT OF MEASURE KILOGRAMS. METRIC TONS. METRIC T	cope CODE CODE K M red units of measure taking into cess codes contained in Item III from the list of process codes in hazardous wastes that possess above; (2) Enter "000" in the list). I on the form. wastes that can be described by by estimating the total annual column D(2) on that line enter cose of an estimated 900 pounds annualisted wastes. Two wastes
C. UNIT OF MEASURE - codes are: ENGLISH POUNDS. TONS. If facility records use a account the appropriate D. PROCESSES 1. PROCESS CODES: For listed hazardous to indicate how the For non-listed hazard	exteristic or contaminant. For each quantity entered to the process waste: For each listed has waste will be stored, treated ardous wastes: For each chill to indicate all the process to	CODE	METRIC UNIT OF MEASURE KILOGRAMS. METRIC TONS. METRIC T	cope CODE CODE K M red units of measure taking into cess codes contained in Item III from the list of process codes in hazardous wastes that possess above; (2) Enter "000" in the list). I on the form. wastes that can be described by by estimating the total annual column D(2) on that line enter cose of an estimated 900 pounds annualisted wastes. Two wastes

Irl			EP/						UNIT MEA-													I	D. PROCESSES
N S	W	AST		OF	B. ESTIMATED ANNUAL QUANTITY OF WASTE	1 (6	JRE inter ode)		1. PROCESS CODES (enter)								DES	5			2. PROCESS DESCRIPTION (if a code is not entered in $D(1)$)		
X-1	K	0	5	4	900		P	T	0	5	3	D	8	0					1		AND THE STATE OF STAT		
X-2	D	0	0	2	400		P	T	0	3	3	D	8	0	1				N				
X-3	D	0	0	1	100		P	T	0	3	3	D	8	0									
X-4	D	0	0	2					T	1				1		-					included with above		

5	Y				7722018 31	1	1	s W			UP	IAL USE	TAS DUP					
1 2					N OF HAZARDOUS WASTI	ES	conti	1 2	1 2 - 13 14 15 23 - 26									
LINE NO.	H	A. I	EP/	0.0	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C.	UNIT FMEA SURE enter			1. PROCES	SS CODE		D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))					
ZL	23	itei	-	26			36	27 -	29	27 - 29		27 - 29						
1	Ð	0	0	2	96,5000pb	خ	P	TO	1	083	1 1		Ringe water From Acid Baths Cyanide Bearing Rince Water					
2	D	0	0	3	228,350000	15	P	TO	1	083	1 1	-1-1	Cyanide Bearing Rince Water					
3					·						11							
4								-										
5												1 1						
6						5												
7																		
8						STEE STEE					' '							
9					Tefan euro			1000										
10	NIN N																	
11					niliz ee sidas pitajamaka Limborg pa sidampia					1 1	1 1	11						
12								Т		1.1	1 1		Section of the sectio					
13					abaile in a cla			-		1 1	11	- '	azolalilo H					
14										1 1	1 1	11						
15								1		11	11	11	BENEFIT AND ALL STATES AND ALL STATES					
16								1		11	1 1	11						
17								1		11	1 1	11						
18								1		1 1	1 1	1 1						
										1 1	11	11						
19				-						1 1	11	1 1	and the second s					
20						100					11	1 1	the last conflict the design of providing					
21										1	-		the many property of the four of the four-					
22					2 11/19													
23						100							State As Section 1					
24						100	N. S. S.						The state of the s					
25						50 70							IN A STREET, A STREET, SHOWING THE RE-					
26	23			26	27 • 38		36	27 -		27 - 29	27 - 29	27 - 29						
EPA I	orn	31	510			-	the later of the l	277					CONTINUE ON REVERSE					

Continued from the front.	No.	100
IV. DESCRIPTION OF HAZARDOUS WAS (con	tinued)	and the last of the second of
E. USE THIS SPACE TO LIST ADDITIONAL PROC	ESS CODES FROM ITEM D(1) ON PAGE	3.
		Harmon Control of the
		AND THE RESERVE OF THE PARTY OF
		Carrier and the second second second
и		and the second s
and the second		
£ 5		
,		
		i de la companya del companya de la companya del companya de la co
	and the second second	
	F6.A F6'A	
-	F6:A F6:A 56	
	33	
EPA I.D. NO. (enter from page 1)		
S A J J G T/A C		
FINALO 08 11 1990 18 36		
V. FACILITY DRAWING		
All existing facilities must include in the space provided on p	page 5 a scale drawing of the facility (see instruction	ons for more detail).
VI. PHOTOGRAPHS		
All existing facilities must include photographs (aeric	al or ground-level) that clearly delineate all	existing structures; existing storage,
treatment and disposal areas; and sites of future stor	age, treatment or disposal areas (see instruct	tions for more detail).
VII. FACILITY GEOGRAPHIC LOCATION	ACCUSED THE REAL PROPERTY.	The Alexander State of the Stat
LATITUDE (degrees, minutes, & seconds)	Longito	DDE (degrees, minutes, & seconds)
4015120		13 19 100
VIII. FACILITY OWNER		74 75 76 777 - 79
A. If the facility owner is also the facility operator as I	sted in Section VIII on Form 1. "General Informa	ation", place an "X" in the box to the left and
skip to Section IX below.		
B. If the facility owner is not the facility operator as li	sted in Section VIII on Form 1 complete the following	owing items:
B. If the facility owner is not the facility operator as in	sted in Section VIII on Form 1, complete the Ton	
	ITY'S LEGAL OWNER	2. PHONE NO. (area code & no.)
E		
15 16	4. CITY OR TOWN	55 56 - 58 59 - 61 62 - 65 5.ST. 6. ZIP CODE
3. STREET OR P.O. BOX	4. CITY OR TOWN	5.51. 6. ZIF CODE
F	G	
IX. OWNER CERTIFICATION	45 115 116	40 41 32 14)
I certify under penalty of law that I have personally	examined and am familiar with the informa	tion submitted in this and all attached
documents, and that based on my inquiry of those in	ndividuals immediately responsible for obtain	ning the information, I believe that the
submitted information is true, accurate, and complete	e. I am aware that there are significant pena	alties for submitting false information,
including the possibility of fine and imprisonment.	4	
A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
John Lockyen	John dake	11/19/80
X, OPERATOR CERTIFICATION	THE STATE OF STREET	The second secon
I certify under penalty of law that I have personally	evenined and an familiar with the informa	tion submitted in this and all attached
documents, and that based on my inquiry of those in	examined and am rammar with the imornal adviduals immediately responsible for obtain	ining the information, I believe that the
submitted information is true, accurate, and complete		
including the possibility of fine and imprisonment.	A DESCRIPTION OF THE PERSON OF	THE RESERVE OF THE PARTY OF THE
A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
EPA Form 3510-3 (6-80)	PAGE 4 OF 5	CONTINUE ON PAGE 5

DINUTSCH RING, ING.

Environmental Control

Date									•						
	Por									+-	-	*			_
	Portable Fire Extinguishers Communic										1				
	Emergency Lighting Communication														
	Communication Devices Emergency Egr		i											*1 8*	
	Emergency Egress Routes Tank						 						- na-en		
Check	Orum-Storage Area														
and	Tank Storage Area Waste Water	Total Control	- h	3	1										
Check and Record Weekly	Portable Exhaust Blo														
d We	Fork System														
ekly	Portable Exhaust Blows Hand														
	Pump							_		1					
	Pumps & Hoses Self Co.									-					
	Self Contained Breathing Apparatus Collecting To Court		-		-	-				-					
	Spill Containment Curbs Security French		+			-		-		-	-				
m	- Curi Ten Os														
Each Day	Security Equipment Person on Duty														
ау	outy														

DIRECTOR THE LET THE PROPERTY.

a stay III is no scendered

1.17 17 18

and the state of the state of